

In-Home Attestation

My name is _____, I am signing this document on _____ 202__ to confirm the fact that I:

- ☐ I gave permission to book an appointment at: _____
- ☐ I have not received any unsolicited contacts from SBHIS or its agents. Unsolicited contacts include, but are not limited to, the following: outbound telephone calls, transmittal of e-mails, door to door solicitation, or approaching member in public or common areas.
- ☐ I voluntarily and freely requested an appointment with Aaron Blanco (agent name) to discuss and better understand my Medicare healthcare options.
- ☐ I have chosen of my own free will to enroll into _____ (plan name) with an effective date of _____. No promises or representations have been made to me by any person to induce my decision to enroll in this plan.
- ☐ I understand that this new plan will replace my old plan _____ (previous plan name).
- ☐ My SBHIS agent of record is Aaron Blanco.
- ☐ I wish and voluntarily choose to have SBHIS as my agency and Aaron Blanco (agent name) as my agent.
- ☐ I hereby give permission to my agent and SBHIS to contact me via phone, text, voice message, mail and email with plan updates, invite me to agency events, and provide me with information on other plans that could benefit me by providing me richer benefits or savings.

Signature

Date: _____

Name: _____

Medicare Beneficiary Identification (MBI): _____